

GUIDELINES FOR LETTER OF RECOMMENDATION

_____ has notified us that you have agreed to provide a letter of recommendation on his/her behalf for application to dental school. Please indicate the various strengths and/or weaknesses that you feel he/she possesses and document these with personal examples.

Besides sending a copy of your letter and accompanying checklist to the schools he/she requests, the Pre-Health Evaluation Committee at Nebraska Wesleyan will incorporate your comments, and those from other evaluators, into a cover letter which summarizes the applicant's qualifications. Your perspective will be a valuable addition to this summary letter when coupled with the information on the student's academic and extracurricular activities.

Please consider commenting on some of the following in your letter.

Professors:

- ❖ applicant's work and work habits in class, such as aptitude, attitude; achievement, competence, independence and participation;
- ❖ applicant's communication skills, oral and written;
- ❖ applicant's personal characteristics, such as integrity, maturity, dependability, intellectual curiosity, rapport with others, and emotional stability.

Employers and others:

- ❖ nature of the work; work habits and work load;
- ❖ applicants communication skills and rapport with others;
- ❖ applicant's ability to work independently, level to which you entrusted him/her with responsibility; and personal characteristics as suggested above.

Address the letter to:

Professor Cindy Marolf
Pre-Health Professions Committee
Nebraska Wesleyan University
5000 St. Paul Ave
Lincoln, NE 68504-2796

Please be sure to complete;

- 1. Personal letter of recommendation**
- 2. Checklist on the reverse side**

Student waives right to access to pre-health application records yes_____ no_____

(student's signature)

ALL MATERIALS MUST BE RECEIVED BY JUNE 1, 2007.

**Nebraska Wesleyan University Pre-Health Committee
Recommendation Checklist**

Applicant's Name: _____

Evaluator's Name _____

Evaluator's Address _____

Please indicate with a (X) your ratings of this applicant relative to other pre-dental students you have known.

FACTORS	OUTSTANDING Top 5%	EXCELLENT Top 10%	ABOVE AVERAGE Top 20%	AVERAGE Top 40%	FAIR Top 70%	POOR Lower 30%	No Basis for judgement
Motivation for research: Genuineness and depth of commitment							
Maturity: Personal development, ability to cope with life situations.							
Emotional Stability: Performance under pressure, good stability, consistency in ability to relate to others.							
Interpersonal Relations: Ability to get along with others, rapport, cooperation, attitudes toward supervision.							
Empathy: Sensitivity to needs of others, consideration, tact.							
Judgment: Ability to analyze a problem, common sense, decisiveness.							
Resourcefulness: Originality, skillful management of available resources.							
Reliability: Dependability, sense of responsibility, promptness, conscientiousness.							
Communication Skills: Clarity of expression, articulateness.							
Perseverance: Stamina, endurance.							
Self Confidence: Assuredness, capacity to achieve with awareness of own strengths and weaknesses.							

Please circle your overall evaluation of applicant for dental school:

- A. Outstanding Candidate B. Excellent Candidate C. Very Good Candidate D. Good Candidate E. Poor Candidate
G. No Basis for Judgement

What would be your attitude toward having this person in a responsible position under your direction?

- A. Definitely would want him/her _____
B. Would want him/her _____
C. Would be satisfied to have him/her _____
D. Would prefer not to have him/her _____
E. Definitely would not want him/her _____
F. Unable to judge _____